

Examining the Relation Between Anxiety, Depression, and Psychological Flexibility in Female Bhutanese Refugees

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INTRODUCTION

- Group therapy models for refugees and torture survivors point to the importance of multi-systemic and multi-component treatment (Kira, Ahmed, Mahmoud, & Wassim, 2010).
- Few studies have examined the therapeutic processes by which group therapy operates in the refugee population.
- The current study examines measures of depression, anxiety, and post-traumatic stress disorder (PTSD) as predictors of psychological flexibility in an ongoing, open Acceptance and Commitment Therapy (ACT) group intervention for female Bhutanese refugees.

HYPOTHESES

- We hypothesized that higher baseline measures of depression, anxiety, and PTSD symptom severity would be associated with lower levels of psychological flexibility at mid-treatment.

METHODS

Participants

13 female Bhutanese refugees living in Vermont

M age = 45.54 years, *SD* = 9.05

M education = 1.62 years, *SD* = 4.17

M time in U.S. = 2.67 years, *SD* = 1.37

- Employment Status:
92% unemployed/disability, 8% part-time employment
- Marital Status: 69% married, 15% widowed, 15% single
- Religion: 77% Hindu, 15% Christian, 8% Buddhist
- Torture Survivor Status: 54%

Recruitment Procedure

- Participants seeking psychological services at a community clinic were recruited upon intake
- Inclusion criteria: female, 18 years or older, Bhutanese, refugee status, willingness to participate in group therapy, meet DSM-5 criteria for Adjustment Disorder with Mixed Anxiety and Depressed Mood
- Exclusion criteria: psychosis or acute mental health problems that warrant more intensive psychological treatment

Group Therapy Procedure

- Structure of therapy: weekly 2 hour sessions; open-ended, “drop-in” group format; conducted in Nepali with trained interpreter(s); facilitated by pre-doctoral clinicians trained in ACT and cross-cultural work with refugees
- Goals of therapy: (1) provide a safe space to gather and share experiences, (2) gain acceptance of emotional pain and struggles, (3) engage in actions consistent with values, thereby increasing psychological flexibility
- Session topics have included: acculturation, values work, psychoeducation and access to resources, coping skills, living with chronic pain, and healthy communication in relationships

Measures

Baseline depression and anxiety symptoms.

The Hopkins Symptom Checklist–25 (HSCL-25), a well-validated measure in refugee populations, was administered prior to beginning group therapy. The HSCL-25 assesses symptoms of depression and anxiety experienced in the past week.

Baseline PTSD symptoms.

The Harvard Trauma Questionnaire (HTQ), a well-validated measure in refugee populations, was administered prior to the group intervention. The HTQ assesses past traumatic experiences in addition to PTSD symptoms experienced in the past week.

Mid-treatment psychological flexibility.

The 7-item Acceptance and Action Questionnaire–II (AAQ-II) was administered to assess psychological flexibility after six months of running “drop-in” group sessions (i.e., after a variable number of sessions per individual).

Simple Regression Analyses Predicting Psychological Flexibility (AAQ-II) following ACT-Based Group Therapy

Variables	ΔR^2	β	<i>p</i>
Number of sessions attended	.07	.26	.45
HSCL Anxiety	.02	.13	.70
HSCL Depression	.02	.12	.72
HSCL Total	.02	.13	.70
HTQ DSM-IV PTSD	.30	.55	.13
HTQ PTSD Total	.10	.32	.40

- *M* number of sessions attended = 16.09, *SD* = 6.77
- Baseline scores of depression, anxiety, and PTSD symptom severity were not significantly correlated with mid-treatment scores of psychological flexibility.
- Depression, anxiety, PTSD, and number of sessions attended were not significantly associated with psychological flexibility following group format ACT treatment.

CONCLUSIONS

- Contrary to our hypothesis, baseline measures of depression, anxiety, and PTSD symptom severity were not significantly related to psychological flexibility in an ACT-based group for female Bhutanese-Nepalese refugees.
- There was a trend toward significance indicating that higher levels of baseline DSM-IV PTSD symptoms were associated with lower levels of psychological flexibility at mid-treatment. One potential explanation for this trend is that anxiety and depression are related to post-migration stressors that are targeted in the group intervention, whereas past traumas associated with PTSD symptoms are not specifically targeted.
- Alternatively, symptom severity may not be associated with psychological flexibility, given that ACT does not focus directly on symptom reduction.
- It is important to note that these are preliminary data based on a small sample size. Further study of group therapeutic processes is needed in a larger female Bhutanese sample and with the addition of multiple time points. Future studies utilizing a longitudinal design should examine change in psychological flexibility as well as other potential therapeutic processes over the course of continued group format ACT treatment in this population as well as other refugee groups.

RESULTS

Descriptives & Correlations Between Study Variables

Variables	<i>M</i> (<i>SD</i>)	2	3	4	5	6
1 HSCL Anxiety	3.07 (.51)	.56*	.83**	.63*	.67*	.13
2 HSCL Depression	3.19 (.52)	---	.93**	.29	.39	.12
3 HSCL Total	3.14 (.46)	---	---	.48	.57	.13
4 HTQ DSM-IV PTSD	2.72 (.46)	---	---	---	.96**	.55
5 HTQ PTSD Total	2.68 (.40)	---	---	---	---	.32
6 AAQ Total	35.00 (10.28)	---	---	---	---	---

Note: ** *p* < .01; * *p* < .05